Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

03-1019

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TC	OTAL CLAIMS		21				ŀ 	RATE	FEE	7 /	RATE	FEE
FO)R			NUMBER FILED .		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	ABLE CLAIMS	2/ mir	nus 20=	*			X\$ 9=		OR	X\$18=	18
INE	DEPENDENT CL	LAIMS	Y mi	Υ minus 3 =		1		X43=		OR	X86=	86
MU	ILTIPLE DEPEN	NDENT CLAIM PF	RESENT					+145=		OR	+290=	20
* If	the difference	e in column 1 is l	less than ze	ero, enter	"0" in c	column 2	L	TOTAL		OR	TOTAL	852
	С	LAIMS AS A	MENDEC) - PAR	T II				<u> </u>] ~	OTHER	THAN
		(Column 1)		(Columr		(Column 3)		SMALL	ENTITY	OR	SMALLE	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	•
Ш	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAlivi		, [+145=		OR	+290=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)	μ	ADDIT. FEE		J~,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	~ ^ 444	=] [X43=		OR	X86=	
	FIRST PHESE	ENTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		, [+145=		OR	+290=	
			٠				L	TOTAL		L L	TOTAL	
		(Column 1)		(Colum	nn <u>2)</u>	(Column 3)	^	ADDIT. FEE L		1 -	ADDIT. FEE L	
IENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	<u> </u>	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus	***	OL AISA	= .		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	LTIPLE DEP	ENUENT	CLAIM		 	+145=		OR	+290=	
* If	the entry in colur	mn 1 is less than the mber Previously Pai	e entry in colur	mn 2, write	"0" in col	lumn 3.	. L	TOTAL			TOTAL	
***	If the "Highest Nur	mber Previously Paid	aid For IN THIS	S SPACE is	s less than	ın 3, enter "3."	~	DDIT. FEE L		. 4	ADDIT. FEE L umn 1.	